

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214521465					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL</b>  <b>OFBUSINESS FOUNDATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>J WILLIAM GRAY JR</b>  <b>951 E BYRD ST</b>  <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>06344543</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> <p>ADDRESS: 301 W MAIN ST P O BOX 844000</p> <p>CITY/ST/ZIP: RICHMOND, VA 23284-4000</p> </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: KAREN EMMETT COLEMAN            TITLE: SECRETARY            ADDRESS: 301 WEST MAIN ST                          PO BOX 844000            CITY/ST/ZIP/CO: RICHMOND, VA 23284         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KAREN EMMETT COLEMAN TITLE: SECRETARY ADDRESS: 301 WEST MAIN ST PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KAREN EMMETT COLEMAN TITLE: SECRETARY ADDRESS: 301 WEST MAIN ST PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: ROBERT E HENLEY            TITLE: TREASURER            ADDRESS: PO BOX 844000            CITY/ST/ZIP/CO: RICHMOND, VA 23284         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT E HENLEY TITLE: TREASURER ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT E HENLEY TITLE: TREASURER ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: STEVEN A MARKEL            TITLE: CHAIRMAN            ADDRESS: 4521 HIGHWOODS PKWY            CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STEVEN A MARKEL TITLE: CHAIRMAN ADDRESS: 4521 HIGHWOODS PKWY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STEVEN A MARKEL TITLE: CHAIRMAN ADDRESS: 4521 HIGHWOODS PKWY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: L. DANS CALLINS, JR            TITLE: DIRECTOR            ADDRESS: PO BOX 844000            CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: L. DANS CALLINS, JR TITLE: DIRECTOR ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: L. DANS CALLINS, JR TITLE: DIRECTOR ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: PHYLLIS LEE COTHRAN            TITLE: DIRECTOR            ADDRESS: PO BOX 844000            CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PHYLLIS LEE COTHRAN TITLE: DIRECTOR ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PHYLLIS LEE COTHRAN TITLE: DIRECTOR ADDRESS: PO BOX 844000 CITY/ST/ZIP/CO: RICHMOND, VA 23284-4000	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Thomas G. Snead, Jr.            TITLE: DIRECTOR            ADDRESS: PO Box 844000            CITY/ST/ZIP/CO: Richmond , VA 23284         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Thomas G. Snead, Jr. TITLE: DIRECTOR ADDRESS: PO Box 844000 CITY/ST/ZIP/CO: Richmond , VA 23284	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Thomas G. Snead, Jr. TITLE: DIRECTOR ADDRESS: PO Box 844000 CITY/ST/ZIP/CO: Richmond , VA 23284	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	James A. Buzzard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	Josee G. Covington	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	T. Kent Cox	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Charles H. Foster	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Mark M. Gambill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	William M. Ginther	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Richard Cullen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	A. William Hamill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Nancy C. Everett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	C.S. Warren Huang	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Allen B. King	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		

NAME:	James V. Meath	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Gail L. Letts	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Thurston R. Moore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond, VA 23284		
NAME:	Tonya S. Mallory	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	John R. Nelson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	John P. McCann	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	Baxter F. Phillips, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	Pamela Kiecker Royall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	Charles F. Phillips, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	S. Buford Scott	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		
NAME:	John N. Pullen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 844000		
CITY/ST/ZIP/CO:	Richmond , VA 23284		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert C. Sledd DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Harry R. Thalhimer DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eric P. Whittleton DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gergory H. Wingfield DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ed Grier DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Rao DIRECTOR PO Box 842512 Richmond , VA 23284-5412	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David J. Stirrup DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Helayne R. Spivak DIRECTOR PO Box 844000 Richmond , VA 23284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAREN EMMETT COLEMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN EMMETT COLEMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/24/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			